

**STATE OF NEVADA**  
**Department of Business and Industry**  
**Division of Industrial Relations**

**Summary of Claims Expenditures**  
Workers Compensation Claims Expenditures  
January 1, 2015 – June 30, 2015

(1) «DBA»

(2) **Claims Expenditure Information:**

(Please round all amounts to the nearest dollar)	Non-Mining:	Mining:	Total:
	(2)	(3)	(4)
January 1, 2015 through June 30, 2015 <b>(For injuries on or after 7/1/99)</b>	\$ _____	\$ _____	\$ _____

(5) Does this report include all entities covered under the Certificate of Insurance for the insurer listed above?

( ) YES

( ) NO

( ) N/A

(6) Insurer's Federal Tax I.D. Number: \_\_\_\_\_

Please complete and return this form  
No later than **August 24, 2015** to:

**Division of Industrial Relations**  
**1830 College Pkwy, Suite 100**  
**Carson City, NV 89706**  
**Attn: Dani Andersen**

**Or at e-mail address**  
**dandersen@business.nv.gov**

Compiled and approved on behalf of the above  
Insurer by:

\_\_\_\_\_  
Insurer or Third Party Administrator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please type or print) Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\*Please see instructions